_		,
Case 2:06-cv-00658-	SENDER COMPLETE THIS SECTION 07/27/20	COMPLETE THIS SECTION ON DELIVERY
	<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  A. Agent  Addressed  B. Received by (Printed Name)  C. Date of Delivery  Pryden Leg.  C. Date of Delivery
	1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
	State of Alabama Department of Transportation	S+C Obculos 8
	1409 Coliseum Blvd. Montgomery, AL 36110	3. Service Type  A Certified Mail  Registered  Insured Mail  C.O.D.
		4. Restricted Delivery? (Extra Fee) ☐ Yes
	2 Article Number 7003 2260 0000 4755 43	382
	PS Form 3811, August 2001 Domestic Ret	urn Receipt 102595-02-M-1540

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